
Health profile of the city of
Ljubljana
Ljubljana
Zdravo mesto
Healthy city

Ljubljana, 2016

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Ljubljana
Zdravo mesto
Healthy City

Greetings,

Zoran Janković,
Mayor

Photo: Miha Fras

To me, Ljubljana is the most beautiful city in the world. I am always reinforced in this view by the set of accomplishments that we as colleagues and of course our residents have achieved in recent years, while always setting new goals and hard work for the good of our city. We are joined in key roles in caring for the quality of life in Ljubljana by NGOs and public institutes, as we are all aware that caring for our city is the responsibility of us all. It would be impossible to talk about quality living in Ljubljana and quality growing-up and ageing in the city without concern for the most important thing – health. In Ljubljana, therefore, we are particularly striving to establish conditions for healthy living, which is also demonstrated by our programme Ljubljana – Healthy city, which leads various activities to improve the public health of the residents of Ljubljana.

We are aware that health is an important value and that care for health is the responsibility of all local policies, not just the health care system.

You have in your hands the newest brochure in the series Ljubljana – Healthy city. It brings together data on the state of health of our citizens and data about infrastructure, which has a direct or indirect impact on the health situation in the city. The Health Profile of the City of Ljubljana was designed to determine how policies in various fields have impacts on public health and thereby on the daily lives of the city's residents. Their opinions are an important element of co-creating quality services and programmes at various levels of health provision.

A good state of health, satisfaction of the residents and a healthy environment afford Ljubljana a special charm. With this in mind, we work hard for all three, while taking care of the sustainable development of our city. We are proud that our common work has been recognised, appreciated and rewarded with the prestigious title of **European Green Capital 2016**.

Let's not forget that caring for health is the responsibility of each and every one of us!

LIST OF ABBREVIATIONS

EU – SILC	Statistics on income and living conditions
EURO-URHIS2	European Urban Health Indicators System Part 2: Urban Health Monitoring and Analysis Systemto Inform Policy
MDDSZ	The Ministry of labour, the family, social affairs and equal opportunities
MOL	The city of Ljubljana
NIJZ	National institute of public health
SURS	Statistical office RS
SZO	World health organisation
ZPMOL	Research Health profile of the city of Ljubljana, 2015
ZRSZ	Employment service of Slovenia
ZZZS	Health insurance institute of Slovenia
WHOQOL	World health organisation quality of life assessment

INTRODUCTION

The Healthy Cities programmes has been developing since the late 1980s under the wing of the World Health Organisation (WHO), in the framework of which operates the European Healthy Cities Network, which includes more than 70 European cities. The European Healthy Cities Network programme showcases activities to promote and preserve health in the urban environment. The City of Ljubljana (MOL) has been a member of the network ever since 1989 and leads a range of activities to improve the public health of the residents of the capital city. The Ljubljana – healthy city programme mainly has a linking or co-ordination role between the diverse fields of the operations of the City Administration and between a range of institutions. It is implemented by the Health and Social Care Department.

A 'healthy city' is one whose activities are led with the recognition that health is an important value and that care for health is a responsibility of all local policies, not just the health care system. In this, support is provided by the city authorities, the public sector and other institutions in planning and addressing the growing challenges in the public health field. The content, organisation and working methods of each five-year phase of the European network are adapted to new WHO strategies, priority problems in the public health field at local level, achievements and knowledge gained in previous phases and new scientific knowledge on risk factors for health.

The Health Profile of the City of Ljubljana was produced, as per the City's specifications, in order to ascertain how public health policies are reflected in the everyday lives of city residents. Their opinions are an important co-creator of quality services and programmes at various levels of health assurance, so MOL plans to repeat this research and produce an updated health profile at intervals of several years. It is important to recognise that physical and mental health are also impacted by the environment and living conditions. In this, we are considering social determinants of health, in which we include housing conditions, access to basic infrastructure (clean drinking water, local public transport, heating etc.) and to quality health and other services. Income has an important impact on health, as it is proven that poverty significantly worsens health (Marmot et al, 2010). At a fundamental level, health is impacted by lifestyle

(smoking, alcohol consumption, diet, exercise) and personal networks, in which we include cohesion with the family, with friends and participation in the communities in which we live. The research was conducted by Vesna Leskošek, Nino Rode, Romana Zidar and Tamara Rape Žiberna from the University of Ljubljana Faculty of Social Work.
In recent years, the City of Ljubljana has achieved a great deal in the development of public health protection, but health policies must be constantly replenished and adapted to changes occurring at both societal and personal levels. Via its regular annual public tenders, Ljubljana – healthy city co finances programmes in the field of social care and health protection that make a significant contribution to strengthening health in the city, in addition to also co financing numerous programmes in the fields of sports, culture and youth activities and creating the option of not-for-profit rented housing for the general public and for various vulnerable population groups.

Data sources in this publication

The research on the Health Profile of the City of Ljubljana (hereinafter HPMOL) was carried out in 2014. Data was used from the Statistical Office of the Republic of Slovenia (hereinafter SURS), the National Institute of Public Health (hereinafter NIJZ), the Health Insurance Institute of Slovenia (hereinafter ZZZS), the City of Ljubljana (hereinafter MOL), the Ministry of Labour, the Family, Social Affairs and Equal Opportunities, the Employment Service of Slovenia (hereinafter ZRSZ) and a range of comparable European research projects in which MOL was involved. Much of the data from the sources above was acquired for MOL. Special thanks go to NIJZ for preparing tailor-made information for MOL. Unfortunately, data for MOL in public databases is not always accessible, as institutions gather and publish data according to broad geographical units that differ from one another. Therefore, it is possible to obtain data for Ljubljana Administrative Unit, for ZZZS' Ljubljana Regional Unit or for ZRSZ's Ljubljana Territorial Service. These units cover Brezovica, Dol pri Ljubljani, Dobrovo - Polhov Gradec, Horjul, Ig, Medvode, Škofljica, Velike Lašče and Vodice. The boundaries could be even broader, e.g. the Central Slovenian Region. Hereafter, the reader will be specifically cautioned about these data. Wherever possible, updated data for 2015 is shown.

The data obtained refers to the entire municipality of Ljubljana, not just the city itself, which encompasses a smaller geographic area, although in the text we also use the term 'Ljubljana' to refer to the entire municipality.
It was planned to carry out the research on a sample of 2,000 residents of Ljubljana. The sample, equally distributed by district authority, age and gender, was acquired from the Central Population Register compiled by SURS. The sample was divided into two parts, namely 1,000 addresses for personal survey and 1,000 for online questionnaire completion using the 1ka programme. The questionnaire was devised so that it included a short questionnaire on quality of life obtained from the World Health Organisation (WHOQOL)[1] ; some questions were taken from the EURO-URHIS[2] survey to enable comparability, while others were drawn up on the basis of results of a qualitative study which was made at the start of implementation of the research. There were 50 in-depth interviews with MOL residents.
The response rate was low, as people's life habits have changed and privacy is better protected now than it was in the past. Many people were absent, abroad or constantly busy, some did not want to take part, others did not answer the door or telephone calls. 25.4% of people were surveyed personally. The web questionnaire was completed by just 10.3% of people, despite multiple prompts to complete it. The final total of those surveyed was 330 MOL residents. The data was compared with EURO-URHIS2 research with a slightly higher number of respondents (435) and on that basis it was ascertained that there was no significant difference between the results. Thanks go to the NIJZ Maribor Regional Unit and the University of Manchester for permission to use the data.

[1] The WHO Quality of Life (WHOQOL) survey was developed by the World Health Organisation as an assessment of quality of life. It is based on a self-assessment of the individual's understanding of their own life in a specific cultural context and in a system of values related to how they can reach their goals, expectations and standards. So far it has been translated into 29 languages.

[2] EURO-URHIS2 (European Urban Health Indicators System Part 2: Urban Health Monitoring and Analysis System to Inform Policy) is research on urban health since 2012, led by the University of Manchester from the UK in partnership with organisations from the Netherlands, Romania, Norway, Lithuania, Germany, Slovenia, Slovakia, Turkey, Latvia, Macedonia, France and Vietnam.

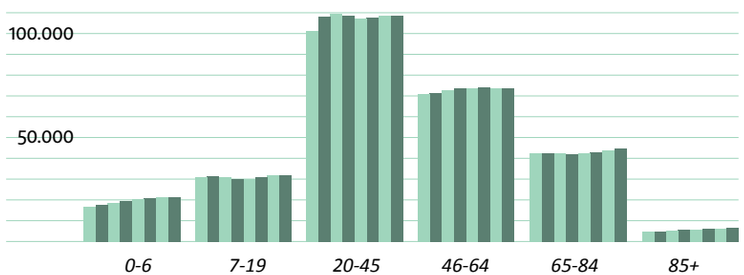
Demographic characteristics of the city of Ljubljana

Population breakdown

Between 1.1.2015 and 30.6.2015, MOL had a population of permanent residents of 287,218 people, which is 13.92% of the total population of Slovenia. Breakdown by gender reveals that in MOL 52.02% are female and 47.97% are male, while in Slovenia as a whole the proportions are 50.45% female and 49.55% male. In terms of age group in 2015, 7.43% of the population were aged 0-6 years, 11.13% were aged from 7 to 19, 37.90% were aged from 20 to 45, 25.63% from 46 to 64 and 15.54% were aged from 65 to 84 years. As elsewhere, rising numbers of older people over 65 years are expected in MOL, although the capital city is a specific case as it is a university city into which move another 10,000 students a year who make significant contributions to the activities and pulse of city life.

Figure 1 Population breakdown by age group in MOL, 2008–2015 (Source: SURS)

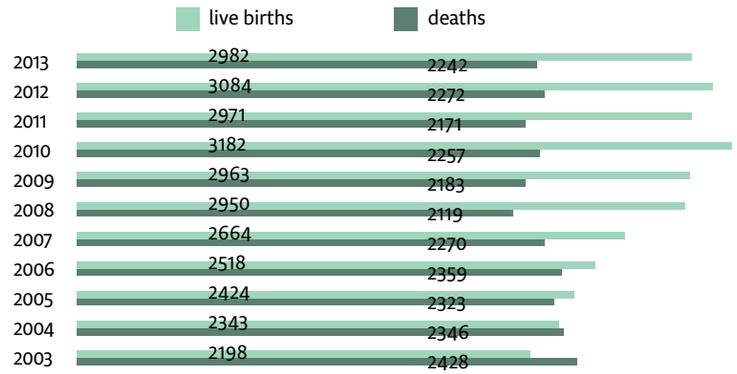
age	*0-6*	*7-19*	*20-45*	*46-64*	*65-84*	*85+*
2015	21.388	31.988	108.867	73.630	44.661	6.684
2014	21.303	31.730	108.814	73.787	43.818	6.405
2013	20.953	31.155	107.623	74.028	43.137	6.098
2012	20.268	30.342	107.545	73.951	42.568	5.833
2011	19.746	30.321	108.943	73.585	41.947	5.598
2010	18.629	30.823	109.809	72.807	42.423	5.162
2009	17.728	31.325	108.225	71.672	42.299	4.842
2008	16.685	31.214	101.261	71.258	42.706	4.636



Vital index

The vital index is the ratio between the number of live births and deaths of people in a certain period in a certain area. It is expressed as a percentage. The vital index thus tells us the number of births per 100 deaths. The higher the number, the better the numerical state of the population of a specific area. Ljubljana's vital index exceeds the Slovenian average by 24 percentage points, meaning that Ljubljana has a better vital index compared to the national average.

Figure 2 Vital index 2003–2013 (Source: SURS)



Net migration

As in Slovenia in general, from 2008 to 2010 there was a perceptible slump in net migration in Ljubljana. The reasons for the negative trend may largely be found in labour market conditions and the tightening of conditions for obtaining residence permits for foreigners in Slovenia (IMAD RS 2014: 2012). Growth turned negative in 2014 when more people left Slovenia (14,336) than arrived (13,846). Despite this, in 2014 Ljubljana saw positive net migration as slightly more people moved in (3,404) than moved away (3,068). SURS data shows interesting migration differences by gender. While in 2014 growth was negative among both women in Slovenia (-123) and men (-367), growth in Ljubljana was positive and higher among women (222) than men (114). In 2014, of all the women who left Slovenia to move abroad (5,727), 22% moved from Ljubljana. Among men, of all those who left Slovenia (8,609) 21% moved from Ljubljana. Of all those who moved into Slovenia, 26.4% of men and 23.3% of women moved to Ljubljana.

Households in the City of Ljubljana

In 2011 in the City of Ljubljana, 49% of households were multi-member single families[3] (the Slovenian average is 55%), followed by 40% single-member households. The percentage of single-member households in Slovenia is somewhat lower (33%), similar to the lower percentage in the EU27 (31.4%). The number of multi-member single-families is growing (4%, the national average is 5%), multi-member two or multifamilies (3.6%, in Slovenia 4.4%), multi-member non-families (3%, in Slovenia 2.5%) and growing (0.3%, in Slovenia the same) (Eurostat, 2015). Ljubljana diverges from both the Slovenian and EU27 averages in single-person households, in which we are approaching Scandinavian levels where the numbers of such households are predominant (e.g. Denmark 40.7%, Finland 39.6% and Sweden 49.9%). Dolenc et al (2013: 34) note that with rising age, households with a single female begin to predominate in single-person households, to a great extent as a result of widowhood and the children having moved out.
There is no data on material deprivation in Ljubljana households, only that for the Central Slovenian region. In 2014, 16.6% were at risk of poverty and social exclusion in the Central Slovenian region (20.4% for Slovenia). In addition to the 11.4% of people suffering income poverty (14.5% for Slovenia), 12.6% of people face material deprivation and cannot, for example, pay unexpected costs, go on a one-week holiday, heat their home or buy a washing machine (17.2% for Slovenia). The risk of poverty in the Central Slovenian region is lower than in other statistical regions except the Coast-Karst region.

Families in Ljubljana

The statistical definition of a family is in accord with international recommendations for population censuses, meaning that a family is defined as a community of at least two people as part of a private household. The family may be composed of people from the same generation (husband–wife, non-marital partners) or from two successive generations (parents–children) (Dolenc, 2012).
Ljubljana does not deviate in numbers of childless families. Among families without children in Slovenia in 2011, those families predominated where both spouses or partners were retired (53%), while in 16% of such families both spouses or partners were employed (Vrabič Kek, 2015). Ljubljana has somewhat more single-parent families (31%), than in the remainder of Slovenia (25%), and somewhat fewer married or cohabiting couples with children (Ljubljana 46%, Slovenia 51%).

[3] Family households are those where at least two members of the household are also family members. A single-family household is one in which all members are members of a single family. A multi-family household is a household in which live members of at least two families either without other people or with people who are not members of any of the families. A family is a community of people as part of a private household (or partners living together in a non-marital relationship, men or women living together or parents and children living together (see Methodological note, SURS).

Figure 3
Family types – Slovenia and Ljubljana, 2011 (Source: SURS)

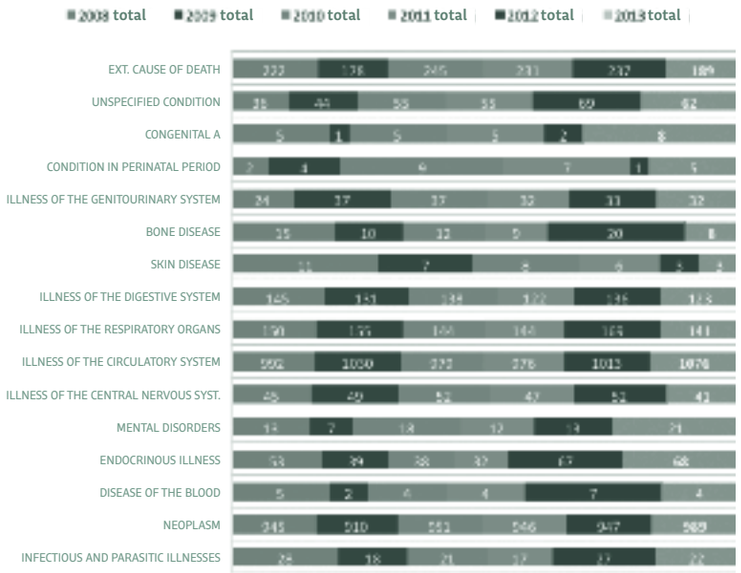
	married, cohabiting couple without children	married, cohabiting couple with children	single-parent family with children
Ljubljana	16812	33471	22640
Slovenia	137674	286544	143129

There is no data for the City of Ljubljana on same-sex families and couples. SURS data for Slovenia reveals that of 64 registered partnerships without children, 23 live in eastern Slovenia and 41 in the west. Of 17 same-sex partnerships with children, one lives in eastern Slovenia and 16 in western Slovenia. MOL supports and promotes activities to strengthen tolerance and diversity in the fields of same-sex orientation. In 2013, within the Healthy City framework, a special publication was issued entitled Rainbow Ljubljana, which is also available via the MOL website. Further, MOL and the non-governmental sector have established the LGBT-friendly certificate, and one of the first recipients of this certificate was in fact the City Administration. In addition, since 2014 Ljubljana has been a member of the European Rainbow Cities Network.

Mortality

Mortality is an indicator of public health, meaning the number of deaths per specific number (usually 1,000) of citizens in a single year. If we count the deaths in the whole population in a certain area, we are describing overall mortality, which may be misleading as to the actual state of public health; the value may be higher in developed countries, as they have a larger proportion of older people. When only sections of the population are considered in terms of a specific biological (e.g. gender, age), social or economic factor, we are describing specific mortality. 16,263 people died in Ljubljana in the 2008–2013 period.

Figure 4
Mortality in the population of Ljubljana by cause of death 2008–2013 (Source: NIJZ)



The most frequent cause of death was cardiovascular diseases, totalling 38.5% Of all deaths in Ljubljana in 2013. Vascular diseases include those related to high blood pressure, cholesterol, diabetes and smoking. Vascular diseases killed more women in 2013 (60.6%) Than men (39.4%). The second most common cause of death in Ljubljana in 2013 was cancer, which was the cause of 35.4% of deaths. In 2013 cancer killed 0.7% more women than men. The third most common cause of death in Ljubljana in 2013 was external causes of death with 6.76%. This includes suicides. External causes of death killed 12.16% more men than women. The fourth most common cause of death was respiratory diseases. Respiratory diseases caused 6.04% of deaths in 2013. Deaths caused by respiratory disease see virtually no difference between the genders; 49.64% of deaths were female, 50.36% were male. In the majority of deaths of people aged 65 or over caused by respiratory diseases, the respiratory diseases were age-related.

According to data from the 2013 Health Statistics Yearbook, in Slovenia as a whole, as in Ljubljana, the most common cause of death was cardiovascular disease (38.8%). This cause killed

more women in 2013 (59.27%) than men (40.72%). A higher share of women among deaths from vascular disease is also characteristic of Ljubljana. The second highest cause of death at Slovenian level is cancer (31.5%), which is a somewhat lower percentage than in Ljubljana. Like in Ljubljana, cancer kills more men (55.78%) than women (44.21%). The third most common cause of death in Slovenia in 2013 was injuries and poisoning (7.1%), which are included in external causes of death in data for Ljubljana. These, with 6.76% in Ljubljana were also in third place as a cause of death. In 2013, these reasons killed more men (62.87%) than women (37.12%) (NIJZ 2013).

Births

From NIJZ data on the birth rate in Ljubljana, it is clear that from 2011 to 2012 the number of stillbirths declined by 47.6% (from 21 to 11). In the period observed, the number of live births was highest in 2009, when 3,624 babies were born. In 2012 3,078 babies were born, 3.5 percentage points up on the previous year.

Figure 5
Live births and stillbirths 2008–2012
Source: NIJZ

Upon first childbirth, the women of Ljubljana had an average age of 29.8 years, slightly higher than the national average, which is 29 years.

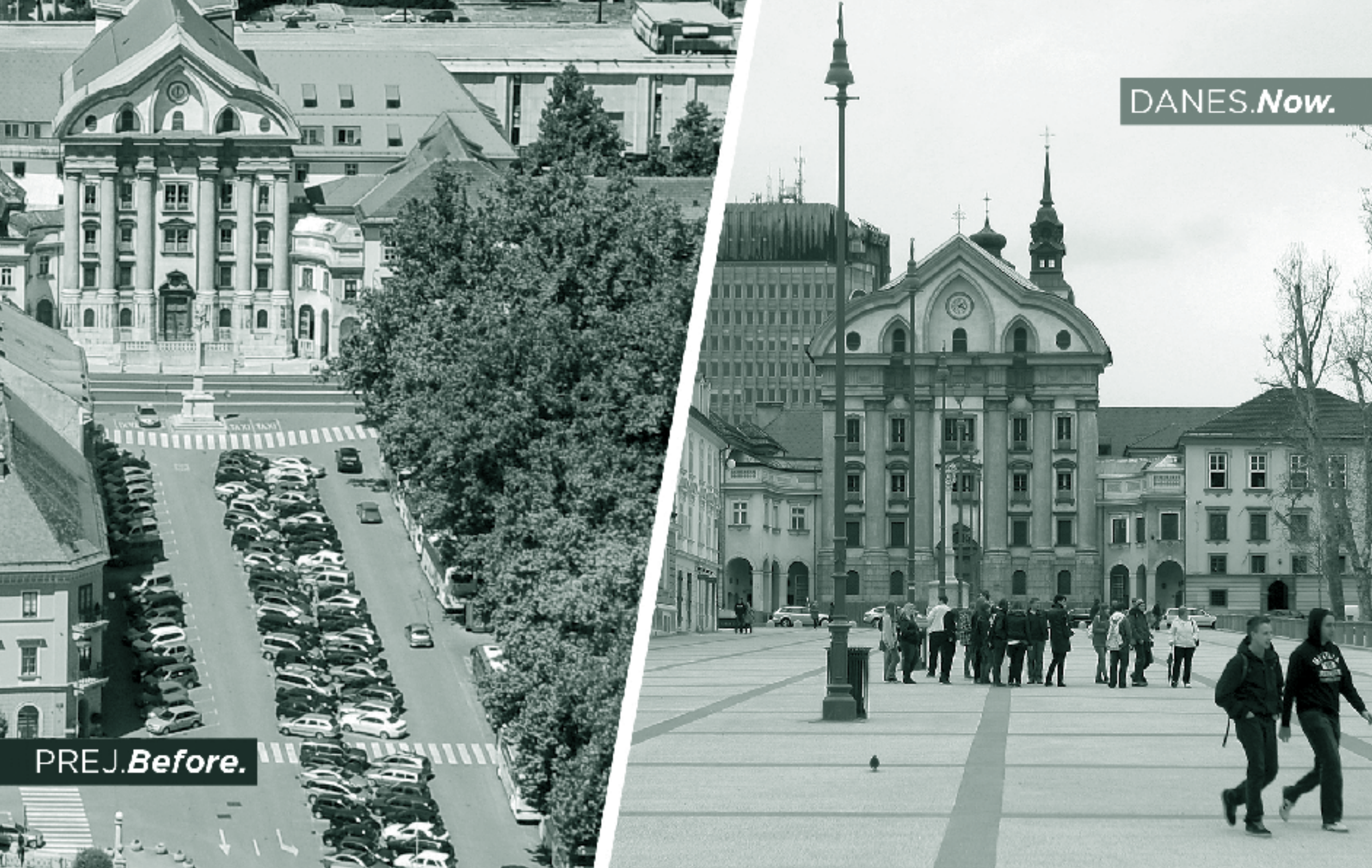
The Health Care System In The City Of Ljubljana

Health services in Ljubljana

In line with the relevant legislation, MOL provides and assures a network of public health services at primary level. Public health services may be provided by public health institutes and concession holders in line with applicable regulations.
Ljubljana Health Centre (LHC) public institute is the biggest public health institute at primary level in the country and the central provider of primary health activities in the city. It carries out 2/3 of all programmes in primary healthcare activities in Ljubljana, which includes programmes in the fields of general medicine, school medicine, paediatrics, dentistry for adults, dentistry for children and young people, orthodontics, gynaecology, domiciliary care and physiotherapy etc.
LHC operates in eight units (Bežigrad, Center, Moste-Polje, Šiška, Vič-Rudnik, Šentvid, SNMP and the Institute for Research and Development of Basic Health), spread over 11 main locations. Among other things, they have organised 24-hour uninterrupted emergency medical care in the Emergency Unit of Ljubljana Medical Centre and a duty service, while they also implement programmes of specialist health care activities, such as cardiology, ophthalmology, a breast care clinic etc. In addition, LHC provides services in occupational, transport and sports medicine and laboratory-diagnostic services.
Besides LHC, health services in primary healthcare activities in Ljubljana are provided by more than 100 concession holders and to a lesser extent are carried out at Ljubljana University Medical Centre. In recent years, none of the concessions awarded in Ljubljana has been a result of the withdrawal of a LHC programme; LHC remains the central provider of primary health care activities in Ljubljana.
The Ljubljana Pharmacy public institute (LP) is the largest public pharmacy institute in the country and the central provider of pharmacy activities in MOL. LP offers counselling centres through its network of 26 branches throughout Ljubljana and also works in other local authority areas. It assures a comprehensive supply of medicines (issuing prescription, over-the-counter and pharmacy-prepared medicines), counsels on the correct and safe use of medicines and carries out other activities such as providing auxiliary medicinal products, medicinal-technical aids, care agents and health protection. It has its own production unit, a galenic lab producing medicines, cosmetic and galenic products, teas and dietary supplements. Something entirely new in Slovenia is the automated Lekarna24 (Pharmacy24) vending machines introduced in 2015, which enable 24-hour purchase of over-the-counter products. In addition to LP, there are 14 private pharmacies with concessions operating in Ljubljana.

Data on insured persons

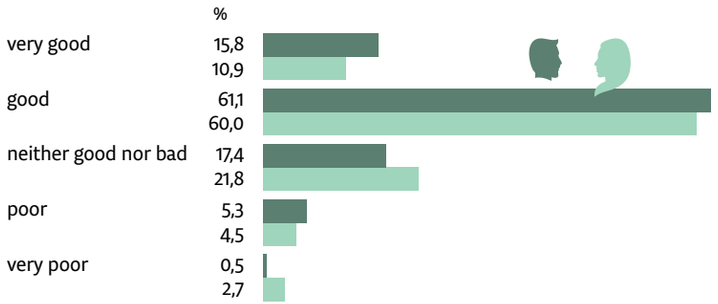
In Slovenia, personal health insurance is compulsory for all those with permanent residence, and is carried out as a principle of social justice and solidarity. Compulsory health insurance enables insured persons to exercise their rights to medical care, medicines and medicinal-technical aids.
Data on the number of people insured is constantly changing in line with changes in the status or circumstances of the insured. Data obtained for the purposes of the City of Ljubljana Health Profile was acquired for 30 June 2014 from the Health Insurance Institute of Slovenia (ZZZS). In addition to MOL, the data includes other locations (Brezovica, Dol pri Ljubljani, Dobrova - Polhov Gradec, Horjul, Ig, Medvode, Škofljica, Velike Lašče and Vodice). The data includes all those who have organised health insurance on the basis of a policy that is sufficient to acquire a health insurance card. According to ZZZS data, on 30 June 2014, Ljubljana (including the local authorities listed above) counted 368,866 people with compulsory health insurance, of whom 277,199 were insurance holders and 91,667 were family members.
If a Slovenian citizen or foreign national with permanent residence permit has no basis for insurance, nobody with a duty to support them and no assets or funds, the obligation to insure them falls upon the local authority in which they are permanently resident. Data from the City's Health and Social Care Department shows that in 2014 a monthly average of 6,400 people were so insured (with deviations from the average month on month).
Since January 2002, LHC has operated a clinic and counselling centre for those without health insurance. The main co-financer of Ambulanta ProBono is MOL, while LHC is the operator of its health care activities, in which most work is done by doctors and other medical staff as volunteers. Slovene Philanthropy, which mainly offers social work, and the local Caritas Agency, which looks after users' hygiene care, also work in the clinic's counselling centre.


PREJ.Before.
DANES.Now.

Self-assessments of health and quality of life

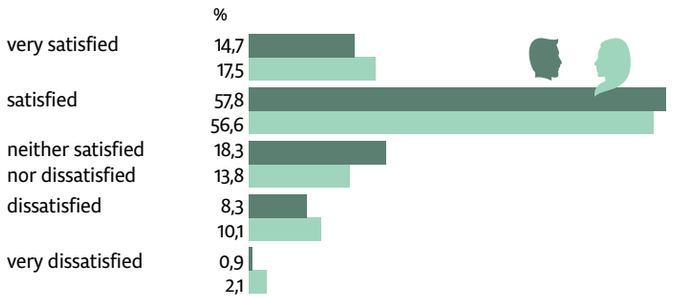
The City of Ljubljana Health Profile research included the World Health Organisation Quality of Life (WHOQOL) questionnaire. People were asked to evaluate their quality of life and health.

Figure 6 Self-assessment of quality of life by gender



Women assessed their quality of life slightly higher than men. Quality of life was assessed as good or very good by 70.9% of all participating men and 76.8% of all participating women.

Figure 7 Satisfaction with health by gender



73.49% of those surveyed expressed satisfaction with their state of health (satisfied, very satisfied). Women were somewhat more satisfied (74.1%, satisfied, very satisfied) than men (72.5%, satisfied, very satisfied). In comparison with health self-assessment data for Slovenia, Ljubljana people were more satisfied. According to SURS data, 65% of Slovenes assess their health as good or very good.

Morbidity

Morbidity is any deviation (subjective or objective) from physiological or psychological wellbeing arising from illness, injury or impairment. In the study, morbidity was investigated in terms of the frequency of specific health issues encountered by respondents in the 12 months prior to completing the survey. Figure 8 shows the most frequently expressed health states which are diagnosed in health care. Respondents were asked if in the last year they had been diagnosed with or treated for any of these conditions. Most (47.5%) participants had not been treated for any illness in the last year. Among those who had been treated, it was most frequently for high blood pressure (20.1%), followed by high blood cholesterol (19.1%), wear and tear in the joints (arthrosis, arthritis) (12.2%) and stress (10.2%).

Figure 8 Diagnosed medical conditions (expressed as %)

without treatment	47,5
high blood pressure	20,1
high blood cholesterol	19,1
joint wear (osteoarthritis/arthrosis)	12,2
stress	10,2
other	9,9
high blood sugar, diabetes	8,3
joint rheumatism	5,6
depression	5,6
heart failure	5,0
gastritis or ulcer	3,6
bronchial asthma	3,6
anxiety (fear or panic attack)	3,6
cancer (malignant tumour)	3,0
angina pectoris (chest pain)	3,0
chronic bronchitis	2,6
stroke (cerebral haemaorrhage)	2,3
heart attack (myocardial infarction)	1,7

Respondents were also asked if in the month prior to the survey they had had to cope with pain or other issues for which they had not sought help from a doctor. Respondents marked health issues on an 8-level scale where values ranged from never, very rarely, rarely, sometimes, often, very often to all the time and I cannot answer. The most frequent complaint was fatigue (75.8%), followed by back and spinal pain (65.8%), with drowsiness in third place (63.8%) and headache in fourth (62.1%). More than half of respondents (58.1%) had had pain on the muscles and joints in the last month, fever (54.9%), insomnia (53.8%) and feelings of grief and sadness (53.3%).


FREYWILLE
ČISTILNICA IN PRALNICA
ŠIVILJSKA POPRAVILA
Sri Lanka Gems
AvantGarde
BIOLOŠKI ODPADKI
ORGANIC WASTE

LIFESTYLE

Most often, 'lifestyle' encompasses the fields of dietary habits, body weight, smoking, alcohol consumption and physical exercise. It is important to realise that lifestyle is not understood only as a personal choice which is simply a conscious act and not to assume that we have the capacity and strength to choose. Very often lifestyles are a hardened form of behaviour which are conditions of history and status. They are dependent on the circumstances in which we are born and in which we live, but that does not mean that they cannot be changed.

Physical exercise

Drev (2013) states that physical activity is any movement generated by skeletal muscles and in which the expenditure of energy requires higher levels of rest states. To preserve health it is important to exercise physically for at least 30 minutes a day, which can be 3x10 minutes. It is sufficient to take moderate bodily exercise in which the heart rate increases with feelings of shortness of breath and warmth. Research data for this Health Profile shows that 13.8% of Ljubljana residents exercise intensively every day, and 61.4% of people exercise several times a week. 16.8% of people exercise just a few times a month or a few times a year. The remainder cannot exercise for various reasons such as illness or disability.
Research data on risky behaviour related to health is available for Slovenia (Hlastan Ribič et al, 2010). To the question of how intensively people exercise in a single week, 23.1% replied that they do not exercise, while 64.5% said that they exercise several times a week and 12.3% every day. Data for Slovenia is almost entirely in line with data for MOL, where there are 1% more of those who exercise every day and a few per cent fewer of those who exercise several times a week.

Smoking

In Slovenia, the vast majority, more than three-quarters of the population aged over 15, do not smoke (Ministry of Health, MZ, 2014). Between 2000 and 2007 the share of adult smokers did not change significantly and was around 25%. Soon after the implementation of the smoking ban in closed public and working premises in August 2007, the proportion of smokers fell significantly but rose again after 2008 although not to the baseline pre-2007 level. Of residents of Slovenia aged 15-64, 24% are smokers (No Smoking Day 2015).
Research data from EURO-URHIS2 and this MOL Health Profile (MOLHP) on smoking in Ljubljana align and reveal that the number of regular smokers in Ljubljana is rather lower than for Slovenia, as 18.7% of people smoke regularly or occasionally, while in Slovenia the figure is 25%.

Table 1
Frequency of smoking, comparison of research data MOLHP and EURO-URHIS2

Frequency	ZPMOL	EURO-URHIS2
Daily	14,8	14,5
Occasionally	3,9	3,7
I used to smoke	28,6	30,3
I've never smoked	52,7	51,5

Alcohol consumption

In the present day, we speak of less or more risky alcohol consumption and harmful alcohol consumption. Regarding less risky alcohol consumption it is said that, per day, a healthy adult male should not drink more than 2 decilitres of wine or one bottle of beer or two measures of spirits, while a healthy woman (who is not pregnant or breastfeeding) should not drink more than 1 decilitre of wine, half a bottle of beer or one measure of spirits (Risky alcohol consumption, 2014).
Data for Slovenia shows that regular drinkers (those who drink every day or 4-6 times a week) are 10.3% nationally (Hlastan Ribič et al, 2010: 130); those that never drink are 20.9%. Generally, in Slovenia there was noted a trend a rising percentage of abstainers and a reduced percentage of excessive drinkers. (Zorko et al, 2014: 43).
Data for Ljubljana is fairly comparable with that for Slovenia, although the percentage of drinkers is higher, which might be attributable to differences in age groups in the research. In research for Slovenia (Hlastan Ribič et al, 2010) the age range of the sample was 25 to 74 years, while in research for MOLHP it was from 18 to 80. Between the research documents it is possible to observe differences in the percentages of alcohol

consumption a few times a year or monthly. Data for Slovenia shows that 27.6% of people drink wine several times a year (data for MOLHP shows 37.3). The percentage of those that have not drunk in the last year is lower in Ljubljana (Slovenia 20.9%, for Ljubljana MOLHP 13.6%, EURO-URHIS2 16.9%). The data are similar for daily alcohol consumption. 0.5% of people in Slovenia drink spirits every day (MOLHP 0.7%), and wine is drunk daily by the same percentages in Ljubljana and in Slovenia (4.1%). People in Ljubljana drink alcohol most often at social events and with friends and relatives. Most often they drink regularly at mealtimes.

Table 2
Frequency of alcohol consumption (MOLHP)

Frequency	Spirits	Wine	Beer or other drink of 2% - 5%
Never	23,0	7,0	21,7
A few times a year	53,0	37,3	37,1
2–3 times a month	14,4	22,5	18,0
Once a week	5,9	15,1	12,5
2–3 times a week	3,0	14,0	8,8
Daily	0,7	4,1	1,8

Data on excessive consumption shows that it is somewhat less frequent in Ljubljana than the national average. About 60% of people in Ljubljana never drink excessively, while in Slovenia the figures are 38.7% of men and 61.8% of women (Zorko et al, 2014: 45).

Table 3
Frequency of drinking six units or more of alcohol in one session (one unit is 2.5dl of beer or equivalent, 1dl of wine or 0.3dl of spirits)

Frequency	ZPMOL	EURO-URHIS2
Never	57,0	61,6
Less than once a month	24,1	18,9
Once a month	9,3	5,7
Once a week	7,0	10,0
Daily or almost every day	2,6	3,8

Eating habits

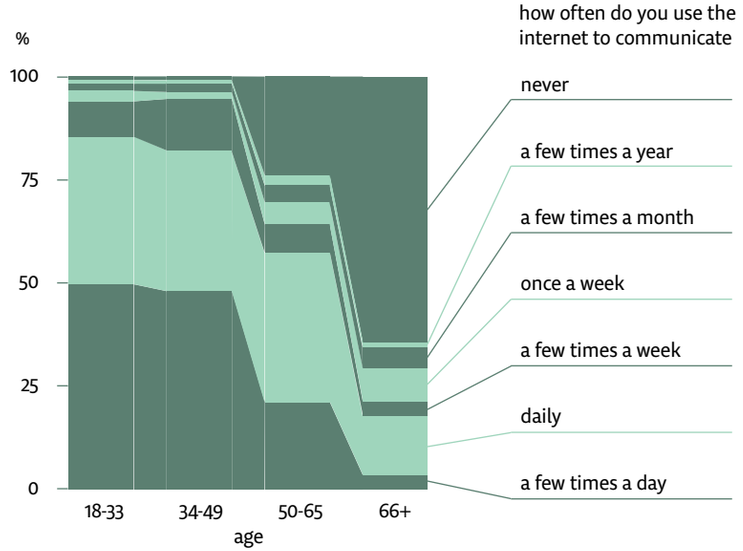
A proper daily dietary rhythm comprises from three to six not heavy meals, namely three main meals and some supplements (Gabrijelčič et al, 2009). There should be intervals of several hours between them. Such a diet should contribute to good health, especially if it contains enough fruit and vegetables. Breakfast is an important meal. Research by Gabrijelčič et al (ibid.) ascertained that women eat breakfast daily more often than men. Those that never eat breakfast comprise a fifth of women and a quarter of men, although the share of those that never eat breakfast has reduced in comparison to 1997, mainly due to women. Almost a quarter of those surveyed who are regarded as being part of the active population by age never eat breakfast during the week.
Research data for the MOLHP shows that 79.3% of people eat breakfast several times a week, but a good fifth do not eat breakfast, which is somewhere between the two studies mentioned previously. Most people have three to five meals a day; 34.3% eat up to three meals, 35.0% four meals and 21.7% five meals a day. 0.3% of people eat just one meal a day and 6% just two meals a day.
Those surveyed were also asked how they exercise particular dietary practices that are confined to the type of diet or food preparation methods. People were classified as vegetarians at 9.9%, vegans 2.6% and omnivores 87.5%. Some vegans or vegetarians replied that they also eat only raw food (1.5%), some people eat only macrobiotically (0.7%) and 2.9% of people maintain religious dietary customs. 10.5% of all surveyed have a protective diet due to illness such as diabetes or liver disease.

Social Networks

Research demonstrates that there is strong connection between the contacts we have with other people and health. In-depth contacts with people that can offer us support when we need it can impact the experience of and overcoming health problems. The impacts are not only on physical but also on mental health, as they give us the feeling that we are appreciated and accepted (Pahor, Hlebec, 2006: 176). In MOLHP research, those surveyed were asked about the number and frequency of contacts. The results show that family members still play a predominant role in both contexts. In their networks people most often have 9 to 15 relatives (as responded 30.9% of people). Just 2% of those questioned have contacts with a maximum of two relatives. Most commonly, those asked had 3 to 4 good friends (32.7%), while it was also common to have just up to two (23%) and up to six (25.6%). 41.2% of those surveyed had daily contacts with family and relatives, and 15.3% with friends. Some people have no contact with relatives, while all those surveyed have contacts with friends. The data is mainly comparable with EURO-URHIS2 research. Between the two research papers the data is also comparable in the ways of maintaining contacts. Most commonly these are by daily contact by telephone (including text messages) or by using web options (e-mail, chat sites). For the majority of respondents (more than 90%) contacts with others are very important and some rely on them.

Social networks in the present day are different from previously, as many contacts take place via web communication tools. 31% of those surveyed use the internet several times a day to communicate and 31.3% once a day, thus a total of 61.3% of those surveyed. If we add to these those that use the net to communicate a few times a week, the total is almost 70%. Of these there are more women than men but the difference is not large. Major differences are apparent in the ages of those using online tools for communication. The vast majority of respondents in the 18-33 age group is almost constantly on the internet, which is also a consequence of the widespread use of smart phones that allow easy internet access. Those aged over 65 use online tools much less, but it should be emphasised that as many as one-fifth use the net daily.

Figure 9
Frequency of internet use to communicate by age category



According to SURS data, in the first quarter of 2014, the internet was used by about 72% of all people in Slovenia aged 16–74. 81% of those people use the internet every day or nearly every day. To the greatest extent (87%), they use the internet to send and receive e-mail and to look for information on goods and services. In the first quarter of 2014, 58% of people used social networks. More women than men used social networks. 41% used the internet for telephone or video calls. From these data, we can conclude that people in Ljubljana use the internet to communicate more often than the national average.

Housing

Housing conditions have an effect on all aspects of life, from employment and health to education, and are an important element of quality of life (Mandič, 2006). By taking responsibility for the provision of housing, the State has an impact on reducing health expenditure and increasing people's quality of life, resulting in better inclusion in all spheres of social life.
The City's Public Housing Fund is responsible for provision of housing in Ljubljana by stimulating housing construction and by assuring the construction of not-for-profit rental housing. The Fund was established to implement reform in the housing

field with the goal of securing more rental housing and better-adapted attitudes in the housing market which should be striking an equal balance between supply and demand.

Table 4
Occupied dwellings, inhabitants and households, Ljubljana, provisional data
Source: SURS, census 2011

Occupied dwellings	102.994
Inhabitants	262.626
Households	113.417
Total area used by occupied dwellings	7.239.511
Area for business activities	67.009
Average dwelling size	70,3
m2/inhabitant	27,3
Inhabitants per dwelling	2,5
Average age of occupied dwellings	39
Unoccupied dwellings	22.278

Ljubljana deviates from the national average in the share of user-occupied dwellings. These are dwellings where none of the residents is the owner but the dwelling is not rented. The owners of such dwellings might be relatives, friends or other people. In Ljubljana, such dwellings amount to a good 17.54% occupied in 2011 by 36,661 people, representing 13.95% of all residents of Ljubljana. Such dwellings in the rest of Slovenia are only 11.85%, in which live 147,723 residents. Rented accommodation amounts to 11.23% in Ljubljana, and in the rest of Slovenia 8.92% (SURS 2015). SURS data shows that a good fifth of accommodation is unoccupied (table 5). The last public tender to grant non-profit apartments for rent in 2015 attracted registrations by 3,432 people with 424 apartments available.

In the MOLHP survey, respondents were asked about their satisfaction with their living conditions. An examination of statistical significance indicates that the link between satisfaction with own health and satisfaction with living conditions is statistically significant (hi2 59,489). People who characterise their own health as poor are dissatisfied with their living conditions. There is an even stronger link between the two variables among those who are very satisfied with their health and very satisfied with their living conditions. The link confirms the known fact that living conditions have an impact on health and that poor health is worsened by poor living conditions.


Ljubljanske
tržnice
Suriano & Casalnuovo
APO

Environment And Infrastructure

The urban environment has a particular impact on the ecology of your area and thus also on residents' health. Physical health is dependent on the integrity of the substances necessary for life: air, drinking water and food. The air must not contain toxins or other harmful substances, drinking water must be completely safe and the food healthy. In short, for a person to have a healthy life a sufficiently healthy environment must be provided. This is important above all because the urban environment such as Ljubljana brings with it high concentrations of population, industry and traffic. Due to all this, it is very important to assure good hygiene and infrastructure conditions in the city, i.e. a properly regulated drinking water supply and removal of waste water, managed waste removal and disposal, traffic management and maintenance of public buildings and areas.
Environmental indicators show rapid improvements in recent years. In 2007, the city did not fare well in comparison with other European cities. Data at that time gathered for Siemens European Green City Index showed annual CO2 emissions per resident to be 3.41t, with energy use at 105.87GJ per resident. The percentage of renewable energy use in the city was negligible: 0.21%. The percentage of citizens who came to work on foot, by bike or on public transport was 36.4% (Siemens 2007). According to MOL data, (Capital City, 2007), in 2006 each resident of Ljubljana used an average of 5,440 kWh of electrical energy and 80.5m3 of water a year (Siemens, 2007: 84.31 m3). The quantity of waste disposed of was 4.50m3 per person per year. Just 4.05% of waste collected was recycled. These data put Ljubljana in nineteenth place out of thirty European cities (Siemens, 2007). The data encouraged MOL to adopt a range of measures to improve environmental indicators, and by 2012 a significant improvement in the situation had occurred. Per capita use of electrical energy had fallen by nearly 400kWh, to 5,042kWh, per capita water use by over 11m3, to 68,8m3. The quantity of waste removed remained about the same (4.48m3 per resident). Of this only 53.9% of waste was going to landfill from which it is possible to conclude that 46.1% was being recycled or otherwise reprocessed.

Air quality

Sources of air pollution with PM10 (the acronym PM stands for microparticles, a mixture of solid particles and droplets) in Ljubljana are diverse. Analysis (Koleša, Planinšek, 2013) has shown that in the Ljubljana area it is possible to identify four sources of PM10 pollution. These are traffic, burning wood, secondary particles (arising due to various physical-chemical processes converting substances in the air) and resuspension (raising dust). These sources contribute fairly evenly to the formation of PM10 particles. Prior to 2010, Ljubljana was heavily environmentally burdened with PM10 particles, but this has changed in recent years. Comparing measurements in Ljubljana from 2012 with those from other similarly polluted urban areas in Slovenia reveals that the highest daily values in Ljubljana are still among the highest but that they have become rarer. The number of transgressions annually at the Ljubljana-Bežigrad measuring station is below the prescribed critical limit of 35 transgressions, while the Ljubljana-Center measuring station, which records traffic pollution on busy trunk roads, records an excessive number of transgressions of daily particulate values, but the number of transgressions each year is falling gradually. MOL has been striving to reduce air pollution for decades. In the 1990s, MOL started to replace boilers and connect apartments to a remote heating system. In a second phase, there followed the replacement of individual boilers with connection to remote heating or to gas (in detached houses). A significant share in the reduction of emissions into the air in Ljubljana was contributed by the reconstruction of the Toplarna thermal plant and burning higher quality coal in it, due to which, for example, annual emissions of NOx despite increased production fell from 2,550t in 1998, which was the peak, to 998t in 2012 (TE-TOL website). Recently MOL has been introducing measures related to changing the structure of traffic via which it is attempting to encourage the use of public transport, non-motorised modes of transport, introducing cleaner buses to public transport, changing traffic regimes and the travel habits of the people of Ljubljana.

Protecting the quality of drinking water

The quality of drinking water is an important factor in health. In nature, water circulates constantly. To avoid harming the environment, cities must include themselves as far as possible in this cycle. It is therefore necessary to consider care for drinking water in urban areas and the removal and cleaning of waste water as an overall process, which makes an important

contribution to a safe and healthy living environment. Urban Ljubljana and its surroundings are supplied with natural drinking water whose source is generally groundwater, including springs and wells, sometimes even appropriately treated surface water (VO-KA website).
In order to guarantee that drinking water is of an appropriate quality and that drinking it does not endanger health, it is necessary to check regularly the compliance of water samples with regulations. Drinking water that is suitable for daily consumption must not contain microorganisms, parasites or their developing forms that are dangerous to health. In addition, it must not contain any substances, which themselves or in combination with other substances can damage health. Microbiological tests show that water from Ljubljana's public water supply is high quality. The proportion of non-compliant microbiological samples in controls of drinking water in Ljubljana has stood at between 1.2% and 4.1% in the last six years, which is significantly lower than the Slovenian average (10.7% in 2014, source: Ministry of Health report, 2015). It should be noted, however, that the share has been rising for the last three years.

Removal of and cleaning waste water

To have good quality drinking water, in addition to good water sources, it is also urgently necessary to ensure that drinking water does not mix with waste water. This can occur either in the natural environment or in the system itself. To prevent the pollution of drinking water sources with waste water it is necessary to properly treat and process it prior to its discharge, to avoid unnecessarily overburdening the sewage treatment capacities of the natural world. In the mains water system, it is necessary to assure the separation of the flows of drinking and waste water and to prevent them mixing. We are achieving this by building a special sewage system into which waste water is discharged separately.
The accessible large diameter sewage network in Ljubljana is monitored by staff, while the state of the inaccessible network is checked by computer controlled robots with cameras. Annually, they check about 100km of the 1,134km sewage network. Decisions are made on interventions and renovations planned on the basis of so-acquired data on the state of the sewage network. All devices in the sewage system are automated and remote controlled from a central control centre. Ljubljana Central Waste Water Treatment Plant (Ljubljana CWWTP) daily cleans 80,000 to 100,000m3 of waste water.
Building the missing links in the public sewage network in already populated areas is among the priority environmental projects in Ljubljana. These projects are also closely linked to the planned construction of the third phase of Ljubljana CWWTP, which includes increasing the capacity of the plant due to coverage of new users and building the tertiary cleaning facility, and, linked to this, upgrading existing plant and buildings (VO-KA website).

Noise

Ambient noise is defined as undesired or harmful sound in the external environment. Noise pollution is a major environmental risk to people's health and wellbeing. Experts assess that at least 10,000 premature deaths a year in Europe can be attributed to exposure to noise, but incomplete data suggests that the number is likely to be higher (SOER[4] 2015). Noise can affect health in various ways. It can cause agitation and reduced effectiveness at work or learning. At night, noise disturbs sleep. It can also have psycho-physiological effects, can disturb conversation and generally change people's social behaviour. It can also affect the functioning of the cardiovascular system and loud noise can damage the hearing.
Noise is monitored in Ljubljana from time to time. Studies were conducted on this in 2007 and 2014. As table 5 shows, the proportion of people exposed to loud noise at night (Ln: >45 dB) and the average during the whole day (Ldvn: >55 dB) fell from 2007 to 2014. Since the main source of noise is traffic, which is usually less at night, the reduction is more evident during the day.

[4] The European SOER report is one of Europe's highest profile environmental reports. It is published by the EEA every five years. The report gives clear warnings on environmental risks and pollution that impact both health and wellbeing. It provides a comprehensive assessment of the environment in Europe, including data from global, regional and national levels and comparisons between countries.

Table 5
Comparison of the share of people exposed to loud noise in 2007 and 2014, Ljubljana,

	Ldvn >55 dB	Ln >45 dB
2007*	74,9 %	67,6 %
2014**	56,0 %	62,2 %
Reduction	18,9 %	5,4 %

* Source: Expert Panel – Technical Assessment Synopsis Report European Green Capital Award 2016, 2014, p. 31
**Calculated on the basis of data from Updated Noise Maps for the City of Ljubljana, 2013, p. 68.

Refuse and separately collected waste

About 136,000 tons of waste is produced in Ljubljana each year. The amount of waste per capita is shown in the table below.

Table6
Comparison of the amount of waste per capita in Ljubljana and Slovenia as a whole
Source: Ministry of the Environment and Spatial Planning, SURS estimate

	Total generated		Collected by public waste disposal		Deferred	
Year	SLO	LJ	SLO	LJ	SLO	LJ
2009	404	-	-	-	449	438*
2010	389	-	275	330	422	454*
2011	352	-	204	274	352	431*
2012	327	413	153	223	362	448
2013	320	404	109	173	414	498

* Prior to 2012, Ljubljana did not separately track the amount of waste collected by public disposal authority and waste transported directly to landfill, so strictly speaking the data are not comparable. In this table it is obvious that the amount of additionally transported waste is relatively small.

Of the 438kg of wate per capita generated in 2009, just 31,600 tons (about 105kg per capita) was separately collected in containers for biowaste which is a little over 23 %. Only this amount of organic waste went for processing; the rest, mixed with other municipal garbage had to be dumped unprocessed into Barje landfill. In addition to household waste material from industry, craft and service activities, construction and other non-hazardous waste. The main measure to improve waste management is the renovation and upgrading of Ljubljana Regional Waste Management Centre (LRWMC), ongoing since 2009.
In July 2014 the City of Ljubljana became the first European capital to adopt a ZeroWaste plan. According to data from the ZeroWasteEurope organisation, Ljubljana is the capital with the highest share of recycled waste. The mission statement of the zero waste plan is that Ljubljana should become a city with no waste which achieves the most efficient use of resources and assures the greatest possible level of reuse, recycling and recovery of waste.
The renovated LRWMC, which began operations in 2015, is a long-term resolution of the waste management issue for around 700,000 residents, as alongside MOL the project encompasses 37 local authorities. The renovated LRWMC includes facilities for waste processing, cleaning plant for leachate water and an extended landfill site. In addition, LRWMC also processes biodegradable material, which is composted (Snaga website).

Mobility and transport

Modern outlooks in urban planning emphasise more environmentally friendly, energy saving structures of mobility in urban areas, which are safer and better adapted to all participants. The pyramid has been inverted in comparison with the past.[5] There should be most pedestrians, followed by cyclists, then public transport users, with fewest private vehicle drivers. This would reduce energy use for mobility, noise and environmental pollution, and also the occupation of public spaces and congestion on busy roads. At the same time it would increase safety and in all likelihood the satisfaction of traffic participants.
Ljubljana would like to become a pedestrian- and cyclist-friendly city. MOL has taken great strides forward in the quality of life in the city in the last eight years by expanding the pedestrian zone, building new bridges, renovating squares and public spaces and improving conditions for walking and cycling. That Ljubljana is on the right road is confirmed by increases in the number of journeys made on foot or by bike, which are a healthy, cheap and undemanding form of spatial mobility in the city.
Research data for this health profile shows that too many people still choose to go to work or run errands by car. Despite the fact that public transport is much-used, only just over a third (36.4%) of those surveyed for MOLHP expressed satisfaction with the accessibility and quality of public transport in Ljubljana. 81.8% agree that they have public transport in their neighbourhood at an easily accessible distance. 13.3% agree somewhat with this statement, and just one in twenty (4.9%) expressed partial or total disagreement with this statement. Participants were also fairly satisfied with public transport in their neighbourhood. More than half (56.8%) completely agreed, and another quarter (24.7%) somewhat agreed that they were satisfied with public transport in their neighbourhood.

[5] Currently, measures and plans that enable the greatest flow of private vehicles and motorbikes predominate in the development of transport in cities. This is at the expense of the mobility and safety of other forms of transport: public transport, cyclists and pedestrians. Thus a pyramidal structure of road users has established: most travel is by private motor vehicles, followed by public transport, then bikes, with fewest pedestrians. Such a pyramid is least desirable environmentally.

Socio-Economic Characteristics

Employment and unemployment

According to SURS data, in 2014 202,645 people were employed in Ljubljana, among whom we do not count only the residents of Ljubljana. SURS data on the working active population and registered unemployment show that the level of registered unemployment in 2014 was higher than in 2009 at 13.2%.

Table 7
Working active population, registered unemployed people and the level of registered unemployment by: local authority, gender, year, measurement, 2014
Source: Statistical Office of the Republic of Slovenia.

	Working active population by place of residence – TOTAL	Registered unemployed people	Level of registered unemployment
Gender–TOTAL	109.141	16.645	13,2
Male	56.972	9.006	13,6
Female	52.169	7.639	12,8

There was observed a small growth in work elsewhere than the place of permanent residence among the active people of Ljubljana (excluding farmers) from 2010 to 2013. It is also clear from the following table that the total number of working active in this period ranged from 106,000 to 110,000 people.

Table 8
Numbers of active in Ljubljana (excluding farmers), who work anywhere in Slovenia, and the movement
% of those who work outside Ljubljana
Source: Statistical Office of the Republic of Slovenia.

% of Ljubljana residents working elsewhere than their place of permanent residence				
Year	2010	2011	2012	2013
Gender–TOTAL	14,24	14,59	14,66	15,06
Male	16,31	16,88	16,95	17,43
Female	11,91	12,09	12,20	12,54
Total (number of) active (anywhere in Slovenia)	110.981	109.848	106.967	106.705

Data on registered unemployment is drawn from the databases of the Employment Service of Slovenia (ZRSZ). The data is captured for September 2015, when in MOL there were 15,336 registered unemployed. In 2012 registered unemployment in MOL varied between 13,500 and 15,100. In 2013 it rose to 16,000, and reached a peak in February 2014 of 17,421. Unemployment began to fall again in 2015. Although the number of unemployed is going down, there are still alarming numbers of long-term unemployed, highest in those unemployed for 36 months or longer.

Table9
Registered people by length of unemployment, September 2015, Ljubljana
Source: Employment Service of Slovenia

Months of unemployment							
< 2	3–5	6–8	9–11	12–23	24–35	> 36	Total
1.908	1.520	1.500	1.107	3.343	1.999	4.059	15.436

The highest number of unemployed are in their most active working years, from 30 to 49. They are mostly experienced people, as they are already beyond the education period. The next largest group numerically are those aged over 55, for whom it is foreseeable that they are also long-term unemployed.

Table 10
Registered unemployed people by age, September 2015, Ljubljana
Source: Employment Service of Slovenia

Age						
15–24	25–29	30–39	40–49	50–54	55 ali več	Total
807	2.102	4.421	3.087	1.848	3.171	15.436

Concerning education, the highest numbers of the unemployed have middle-school education, which is also the largest number of the general population. According to ZRSZ data, from 2008 to 2013 there was a somewhat smaller percentage of unemployed with primary education and a rise in numbers of unemployed in groups VII and VIII.

Table 11
Registered unemployed people by education, September 2015, Ljubljana
Source: Employment Service of Slovenia

1+2 Primary school or less	3+4 Lower, middle, vocational education	5 Middle technical, professional, general education	6+7+8 High school education, first, second and third levels	Total
4088	3.452	4.581	3.315	15.436

Income

From 2010 to 2014 it was possible to observe a slight rise in the level of average net payments of Ljubljana residents, and in the last year residents' average net wage exceeded €1,100, which is higher than the figure for Slovenia. According to SURS data, in August 2015 the average net wage in Slovenia was €995.85, and in Ljubljana €1,118.01.

Ljubljana has the most recipients of the retirement pension (almost 80%) which is a slightly higher share than the national average (almost 73%). On average, retired people in Ljubljana have a €144 higher net pension than the national average. The differences are greatest (as is evident in table 12) in family pensions.

Table 12
Number of recipients and average net pension of MOL residents, March 2015
Source: E-report, Public Relations Unit, Pension and Disability Insurance Institute of Slovenia, 4. 5. 2015.

	City of Ljubljana		Slovenia	
Pension type	Number	Amount	Number	Amount
Old age	58.225	801,65	386.688	664,51
Disability	8.209	562,93	73.634	518,27
Family	6.354	714,21	70.564	501,15
Total	72.788	767,10	530.886	622,51

Conclusion

Ljubljana enjoys many advantages as a capital city that have a positive effect on people's health. In the period 2008 - 2015 the number of elderly in the city increased, while the number of younger people remained relatively constant. The material status of people in Ljubljana is better than the national average. The data is only for the Central Slovenian Region, which according to indicators for poverty and material hardship is significantly below the national average. The modern way of life is also reflected in the plurality of types of households, because in Ljubljana there are more single-person households than the national average, even approaching Scandinavian levels. The ratio between live births and babies stillborn is better in MOL than the data shows for Slovenia. Due to the economic crisis the number of people migrating to Ljubljana has fallen in recent years, although net migration was positive in 2014.

Ljubljana is essentially the same as the rest of Slovenia in terms of causes of death, although there is a somewhat higher percentage of deaths from cardiovascular disease. Among the illnesses diagnosed among survey respondents in the last month the top two were high blood pressure and cholesterol. The presence of these diseases is a result of lifestyle. People in Ljubljana are more active than the national average and their diet is somewhat better, but there is still a high percentage of those that are not active. The percentage of those who drink excessively is somewhat lower than the national average but it is still rather high. The same applies to smoking. It is possible to determine that while the lifestyles of people living in Ljubljana are a little better than is the case for Slovenia, it is still necessary to focus efforts on raising awareness of the links between health and lifestyle.
Most respondents think that they have a good quality of life, and a similar proportion are satisfied with their health, which is a better result than the national average. Those who have better housing and material living conditions are also more satisfied with their health. People are also generally satisfied with the city services and infrastructure provision in the city. They believe that important institutions are sufficiently accessible and most are within reachable distances. Compared with Slovenia as a whole, accessibility in Ljubljana is a genuine

advantage of a big city. Ljubljana has the biggest public health institute at primary level in the country, which operates across 11 locations which are geographically widespread and accessible with public transport, in addition to which the network is supplemented by more than 100 concession holders in the primary health sector. The provision of pharmaceutical services is also good, with 40 pharmacies open around the city. Environmental indicators have rapidly improved in recent years. There remain a great many people that go to work and run errands by car, which has an impact on the concentration of particulate matter in the air. With the aim of improving the transport situation, the City of Ljubljana has joined the European Commission's CIVITAS initiative, which seeks to encourage innovative strategies in urban transport. The Copenhagenize Index is a league table of bicycle-friendly cities and in 2015 Ljubljana was ranked 13th out of 122 participating cities around the world. Cycling and walking are encouraged by changes in traffic regimes and management of new cycle routes and footpaths. At the CIVITAS Forum conference in Portugal in 2011, Ljubljana won the CIVITAS award for progress in sustainable mobility. On the basis of receiving this award, in 2015 the honour fell to Ljubljana to organise the CIVITAS Forum conference, the most important European conference in the field of sustainable mobility in urban environments.

Its work has won the City of Ljubljana a range of significant awards, which are simultaneously recognition and a commitment to actively manage urban spaces:
Ljubljana won the European Prize for Urban Public Space 2012 for the 'Refurbishment of the Banks and the Bridges of the River Ljubljanica' project.
It won the European Mobility Week award in Brussels in 2013. Ljubljana came out on top in competition with 30 cities from 12 countries and became the only city so far to have won the European Mobility Week award twice (firstly in 2003).
As part of the European Public Sector Award (EPSA 2015) the LGBT-Friendly Ljubljana project was among 27 recipients of the certificate of best practice at local level in Europe and the only Slovenian winner of a certificate for the public sector at municipal or state level.

In 2015 at a gala ceremony in St Petersburg, Ljubljana Museum and Galleries won the prestigious Živa Award for museum leadership.
It won the Bronze Medal in the Access City Awards 2015. MOL's recognition puts it at the very peak of European cities in terms of accessibility of the built environment, public transport, information and a wide range of services to people with disabilities.
In Madrid on 15 April 2015, Ljubljana won the WTTC Tourism for Tomorrow Destination Award, which is the highest global award in the field of sustainable orientation in travel and tourism.
In Copenhagen on 24 June 2014 Ljubljana won the prestigious title of European Green Capital 2016.

Contrary to prevailing beliefs about urban environments, that they lead to people's alienation, it is possible to ascertain that people in Ljubljana have strong social networks. These are not large in number, but are close and deep which is important above all because people need the help of others. This is important because life in the big city is burdensome, fast and full of things going on. People find it ever more demanding to reconcile or balance work and their private lives, which causes stress, insomnia, fatigue and anxiety. Personal networks have an important impact on how capable we are of overcoming these feelings and relaxing and enjoying life. In an effort to help relieve this, the City of Ljubljana offers a range of cultural and sporting activities, a broad network of libraries and other free-time activities. It manages public spaces for diverse open-air activities, it organises public and accessible-to-all events and supports a range of programmes by NGOs and other organisations for psychosocial help and counselling in distress. In addition, it co-finances a further range of NGO programmes and activities to promote health, culture, sports, youth activities, social care and education and learning which make significant contributions to creating an open and inclusive city.

The key challenges in promoting and preserving health and healthy lifestyles are to keep encouraging people towards a healthy diet and exercise. In addition, there is the challenge of providing better access to decent housing, as data shows a strong mutual link between living conditions and health.

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